

Work Order ID 96194

\*96194\*

Page 1

January-24-13 7:59:39 AM

Item ID: D4095-043 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Wearplate Assembly  
Start Date: 1/21/13 Start Qty: 6.00 \*6\* Cust Item ID:  
Required Date: 1/21/13 Req'd Qty: 6.00 \*6\* Customer:  
Reference:

Approvals: Process Plan: ML5 Date: 13-01-25 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio  <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 96194

January-24-13 7:59:39 AM

\*96194\*

Page 2

Item ID: D4095-043

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Wearplate Assembly

Stop

\*NS2\*

Start Date: 1/21/13 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 1/21/13 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

Brake NC

NC BRAKE

0.00

10

SL  
13/05/07

Brake NC

Memo

0.00

1- bend section C-C first

2- Form on Brake as per Dwg D4095 using Jigs DT 8179 and DT 8155

3- Form Joggles (2) as per Dwg D4095 on brake using Jig DT 8157

140

QC5- Inspect part completeness to step W/O

0.00

\*140\*

QC

Quality Control

Memo

0.00

Ensure joggle as per dwg D4095

10  
13 5 7

10

150

\*150\*

Large Fab

Weld per dwg A/R Hardcoat S.S. Batch: M125337 0.00

Large Fab

Memo

0.00

10

13/05/22  
psc

Large Fab

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>  Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>  Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>  Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Root Cause</b> Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>		Date	Step			Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 96194

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\*96194\*

Page 3

Item ID: D4095-043

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wearplate Assembly

Stop

\*NS2\*

Start Date: 1/21/13 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 1/21/13 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC10- Inspect visual per QSI004- ground welds

0.00

DAS  
27  
9-89  
DAS  
09  
BS 22

10

\*160\*

QC

Quality Control

170

QC5- Inspect part completeness to step on W/O

0.00

27

10

\*170\*

QC

Quality Control

180

\*180\*

HandFinish

Hand Finishing

0.00

27

10

JP/wkf

Memo

0.00

COAT ENTIRE TOP (CONCAVE) SURFACE WITH ROCKGUARD AS PER  
DWG  
A/R ROCKGUARD BATCH: 125226

13-05-23

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data													
Equip/Tooling													
Operator													
Material													
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Supplier													
Training													
Unapproved													
<b>FAULT CATEGORY</b>													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		
												<input type="checkbox"/> Other	



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Root Cause</b> Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector

**Picklist Print**

January-24-13 7:59:38 AM

Page 1

**Work Order ID:** 96194**Parent Item:** D4095-043**Parent Item Name:** Wearplate Assembly**Start Date:** 1/21/13**Required Date:** 1/21/13**Start Qty:** 6.00**Required Qty:** 6.00**Comments:** IPP Rev:A new issue DD 10.04.26 verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S16GA 304/316 Sheet .063		Purchased	No			100	sf	146.0560	2.275	14.368421 14.			Jm 3-5-3

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT020	146.056	
122245	5.156	
123136	140.9	

124572

124572

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector								
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions																
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other																

DART AEROSPACE LTD	Work Order:	96194
Description: Wearplate	Part Number:	D4095-3
Inspection Dwg: D4095	Rev: B	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	27	Preliminary Approval:	
Date:	13-5-3	Date:	13-5-6	Date:	

Rev	Date	Change	Revised by	Approved
A	11.02.18	New Issue P/O D4095-043	KJ	
B	11.11.08	Dimensions updated per Dwg Rev B	KJ	

8

7

6

5

4

3

2

1

D

SHEET Y

REV. D

DATE 10-10-11

UNCONTROLLED COPY

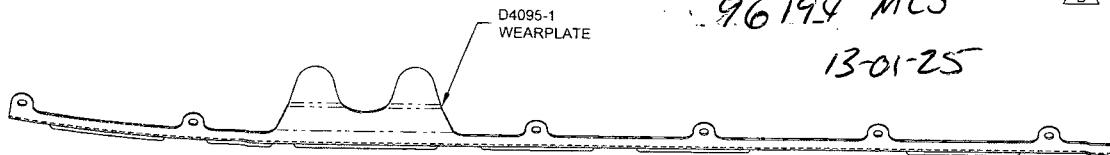
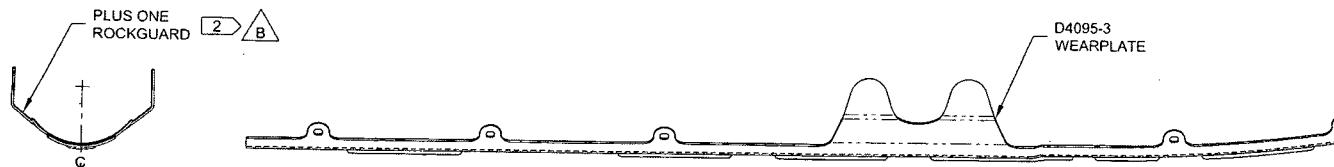
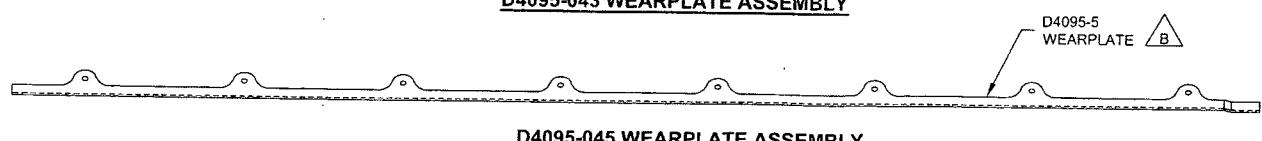
SUBJECT TO CHANGE

WITHDRAWN

WORN

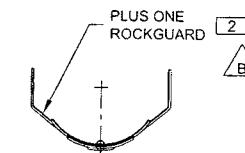
96194 MLC

1301-25

D4095-041 WEARPLATE ASSEMBLYD4095-043 WEARPLATE ASSEMBLYD4095-045 WEARPLATE ASSEMBLY**D4095-041/-043/-045/-047/-049/-051 NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: COAT ENTIRE TOP (CONCAVE) SURFACE WITH PLUS ONE ROCKGUARD 4714 OR 4715, 0.02-0.04 THICK
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4095-0XX" AND B/N "BXXXXX" USING REMOVABLE TAG PER QSI 044 6.6
- 7) WEIGHT: D4095-041 = 3.08 lbs; D4095-043 = 3.08 lbs; D4095-045 = 2.00 lbs; D4095-047 = 0.48 lbs; D4095-049 = 0.42 lbs; D4095-051 = 0.37 lbs
- 8) PARTS ARE SYMMETRIC ABOUT  $\frac{1}{2}$

ITEM	QTY	QTY	QTY	QTY	QTY	QTY	PART NUMBER	DESCRIPTION
1	X						D4095-041	WEARPLATE ASSEMBLY
2		X					D4095-043	WEARPLATE ASSEMBLY
3			X				D4095-045	WEARPLATE ASSEMBLY
4				X			D4095-047	WEARPAD ASSEMBLY
5					X		D4095-049	WEARPAD ASSEMBLY
6						X	D4095-051	WEARPAD ASSEMBLY
7	1						D4095-1	WEARPLATE
8	1						D4095-3	WEARPLATE
9		1					D4095-5	WEARPLATE
10			1				D4095-7	WEARPAD
11				1			D4095-9	WEARPAD
12					1		D4095-11	WEARPAD
13	A/R	A/R	A/R	A/R	A/R	A/R	4715 (4714)	PLUS ONE ROCKGUARD BLACK (TAN)



RELEASED  
2011-10-31  
NP

B	REVISED D4095-1/-1F/3/3F: 4715 PLUS ONE ROCKGUARD REPLACES D4095-1/3; ADDED D4095-5/-7-9/-11; REVISED HARDCOAT DESIGN; REVISED NOTE 2	XDF	11.10.18
A	NEW ISSUE	MB	10.04.20
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>A</i>	DART AEROSPACE USA, INC	
DRAWN	XDF	KENT, WA	
CHECKED	<i>NO</i>	DRAWING NO.	REV. B
MFG. APPR.	<i>NO</i>	D4095	SHEET 1 OF 8
APPROVED	<i>NO</i>	TITLE	SCALE
DE APPR.	<i>NO</i>	WEARPLATE	NTS
DATE	11.10.18	COPYRIGHT © 2010 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE COPIED OR DISCLOSED TO ANY OTHER PERSON OR ENTITY, IN WHOLE OR IN PART, WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

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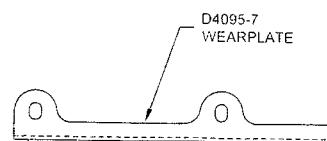
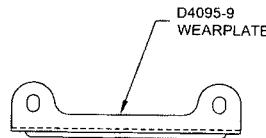
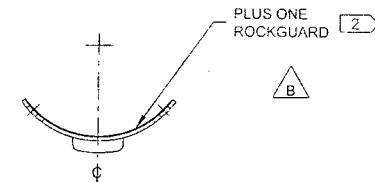
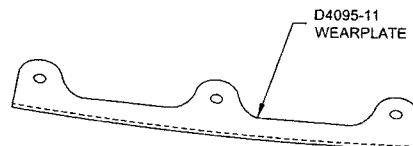
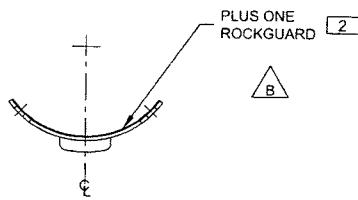
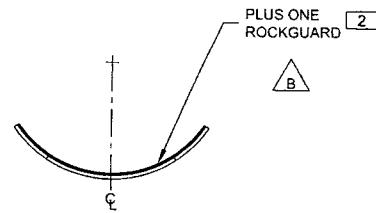
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B

A

96194

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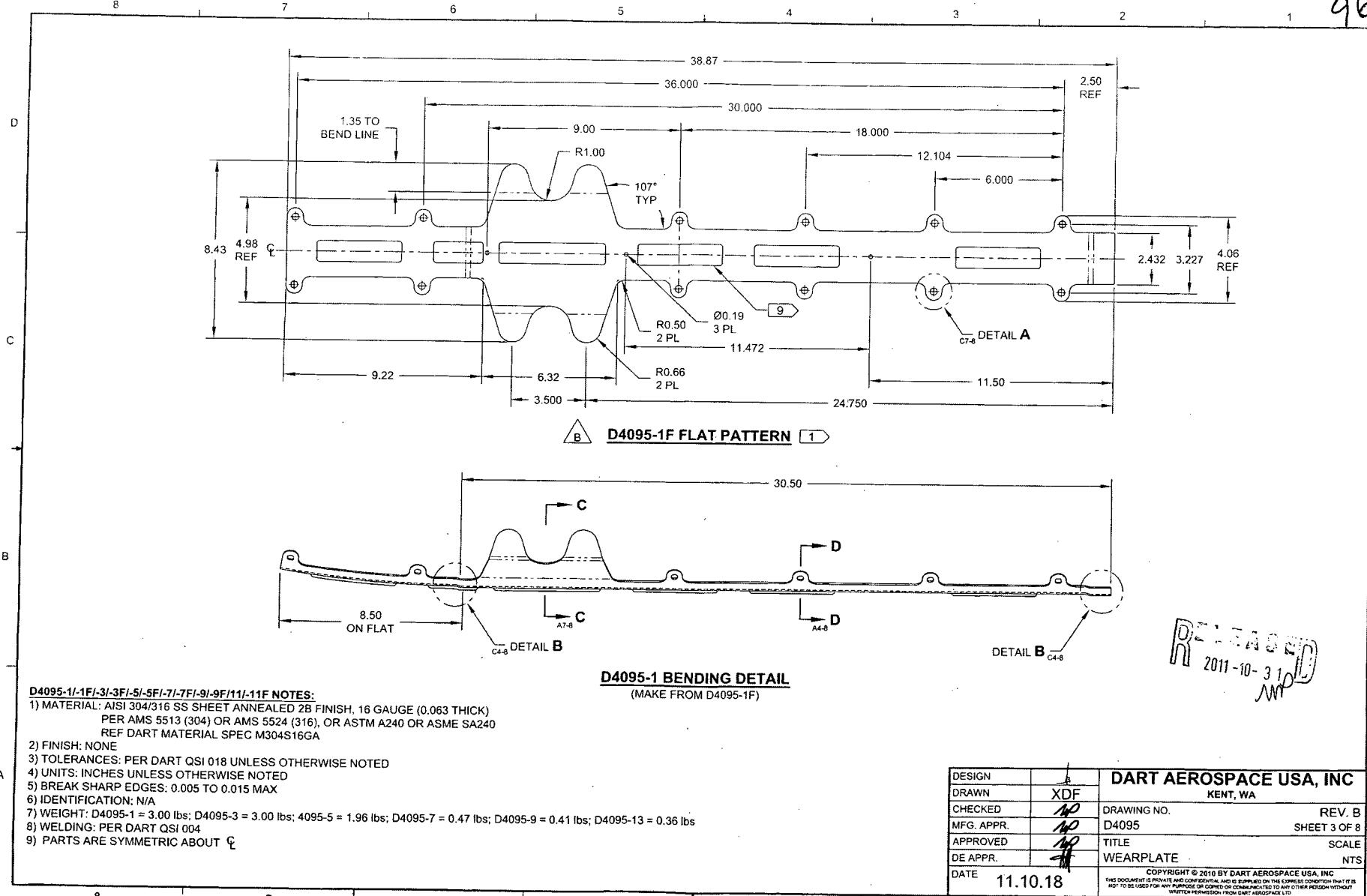
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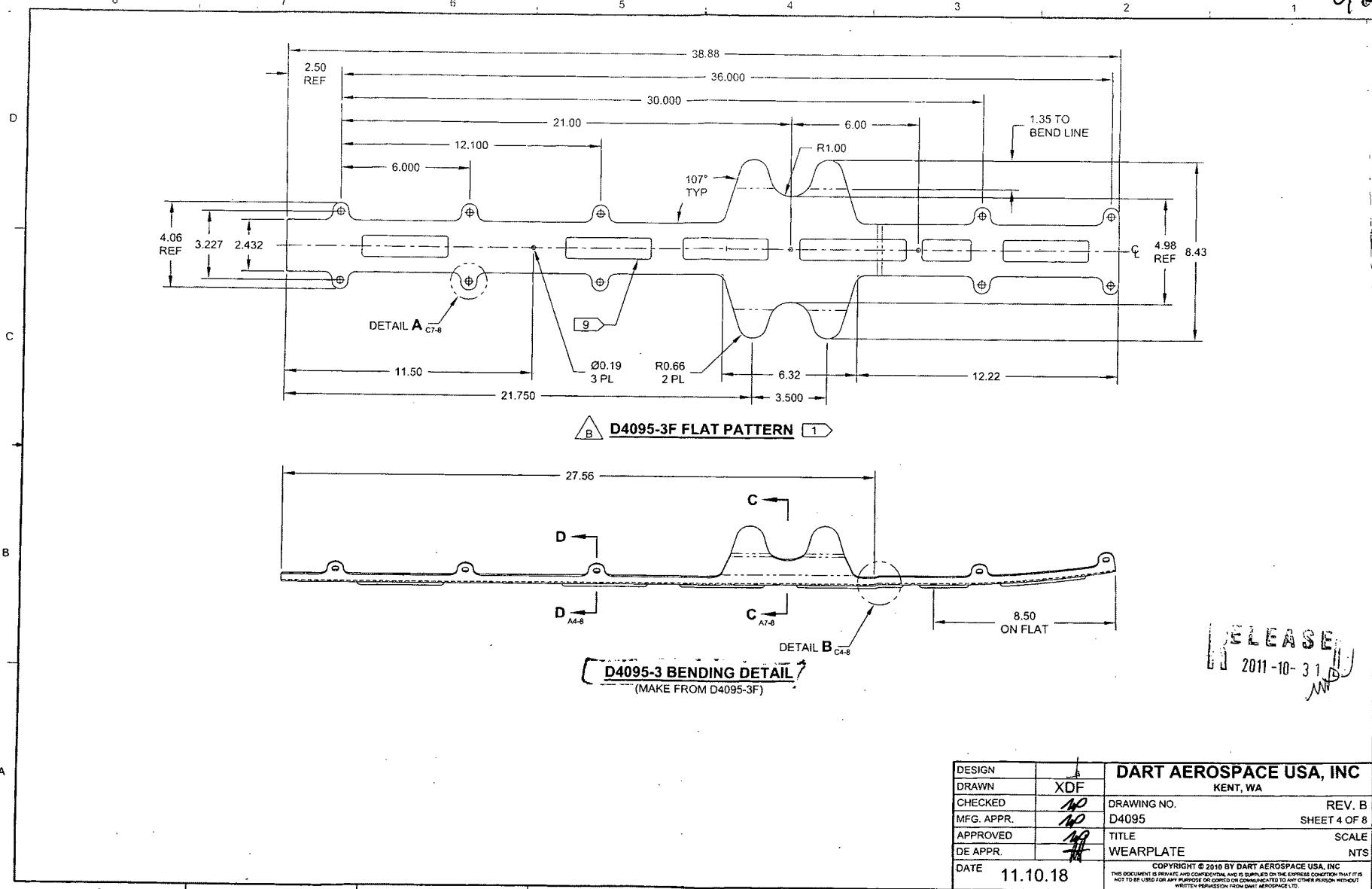
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2011-10-31  
JMP

DESIGN	6	DART AEROSPACE USA, INC	
DRAWN	XDF	DRAWING NO.	REV. B
CHECKED	10	D4095	SHEET 2 OF 8
MFG. APPR.	10	TITLE	SCALE
APPROVED	10	WEARPLATE	NTS
DE APPR.	10	DATE	11.10.18

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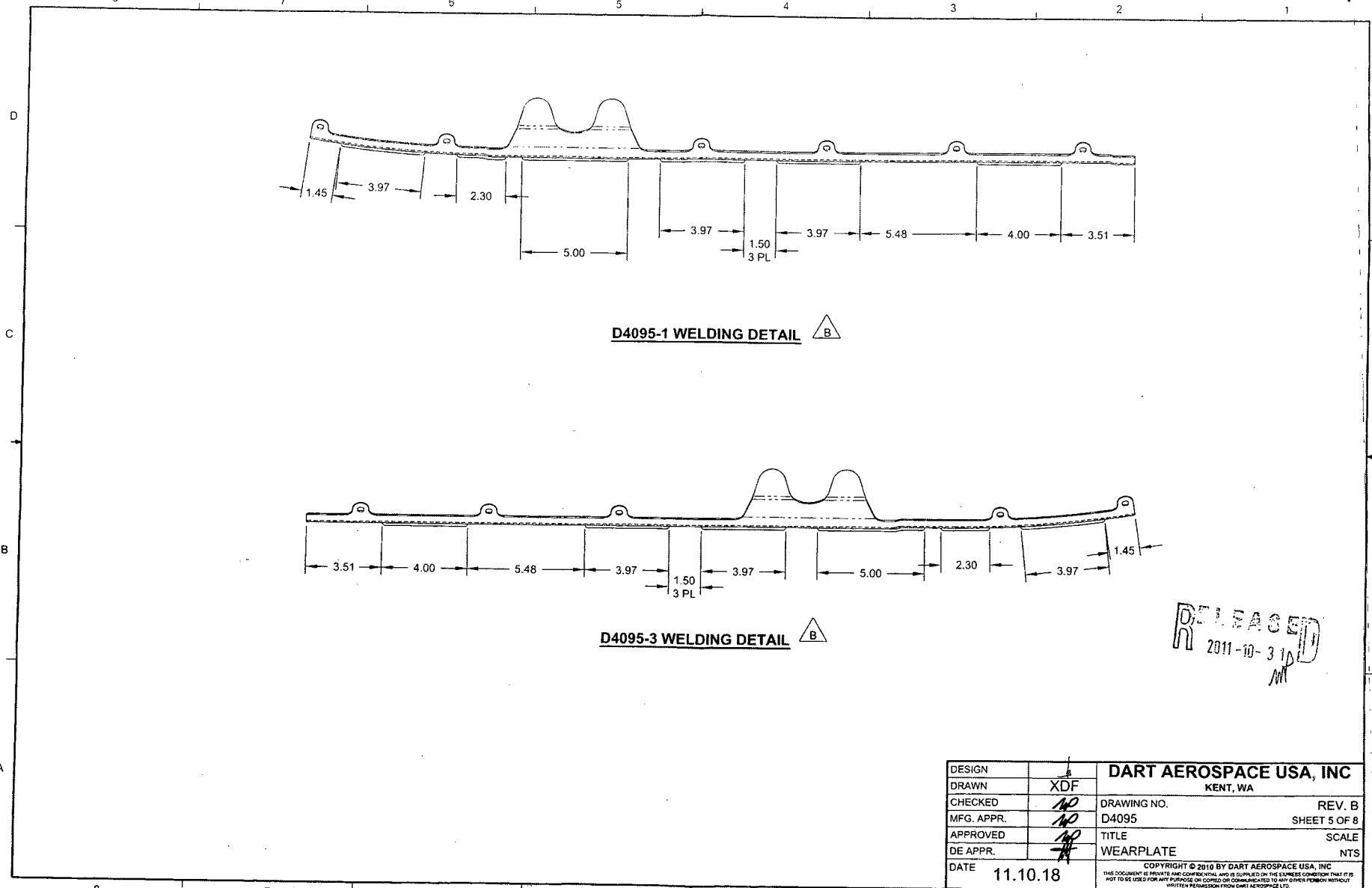
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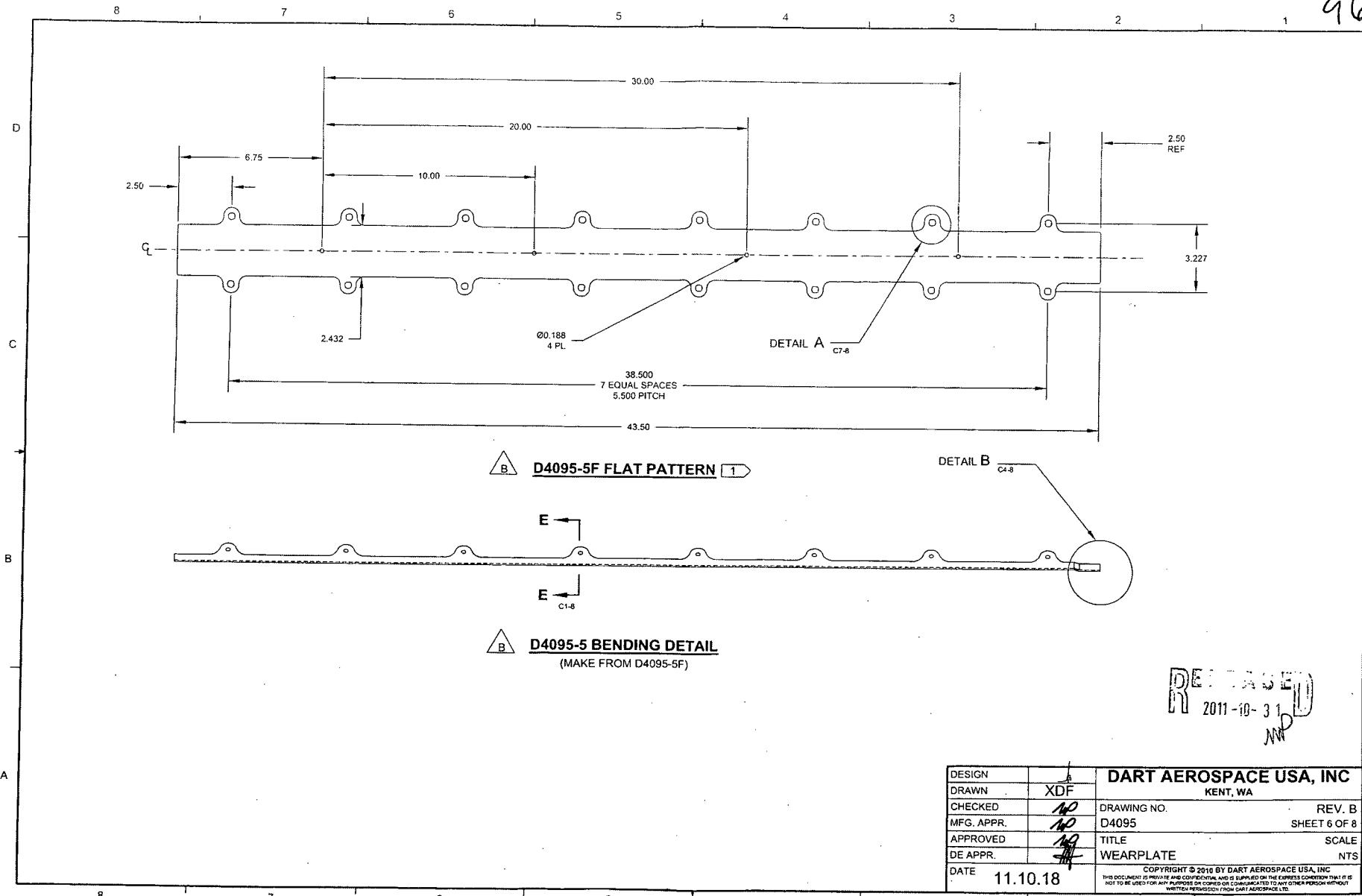


DESIGN		DART AEROSPACE USA, INC
DRAWN	XDF	KENT, WA
CHECKED	10	DRAWING NO. REV. B
MFG. APPR.	10	D4095 SHEET 4 OF 8
APPROVED	11	TITLE SCALE
DE APPR.	11	WEARPLATE NTS
DATE	11.10.18	COPYRIGHT © 2010 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH IT WAS PROVIDED OR DISCLOSED TO OTHER PERSONS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

96194



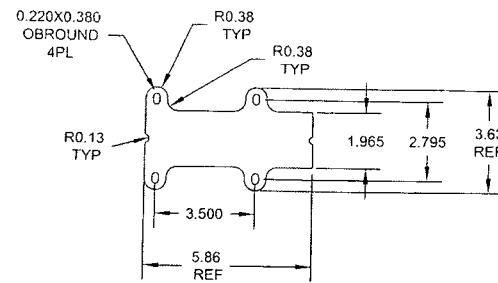
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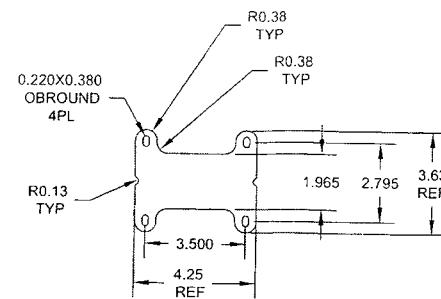
RELEASER  
2011-10-31  
MP

DESIGN	<i>6</i>	DART AEROSPACE USA, INC		
DRAWN	XDF	KENT, WA		
CHECKED	<i>140</i>	DRAWING NO.	REV. E	
MFG. APPR.	<i>140</i>	D4095	SHEET 6 OF 6	
APPROVED	<i>140</i>	TITLE	SCALE	
DE APPR.	<i>140</i>	WEARPLATE	NT	
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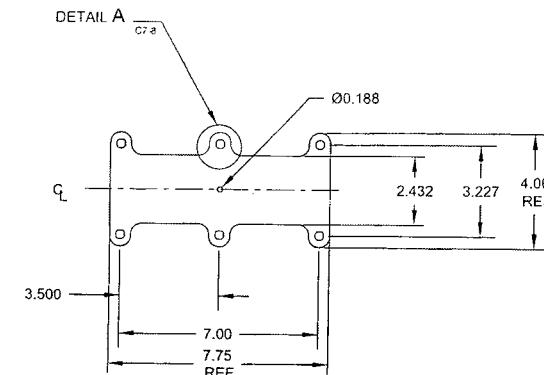
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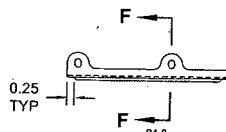
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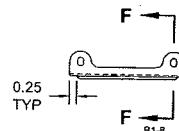
**D4095-9F FLAT PATTERN** 1



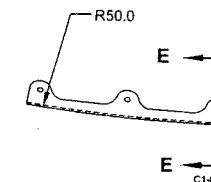
**D4095-11F FLAT PATTERN** 1



**D4095-7 LONGITUDINAL BEND**  
(MADE FROM D4095-7F)



**D4095-9 LONGITUDINAL BEND**  
(MADE FROM D4095-9F)



**D4095-11 BENDING DETAIL**  
(MADE FROM D4095-11F)

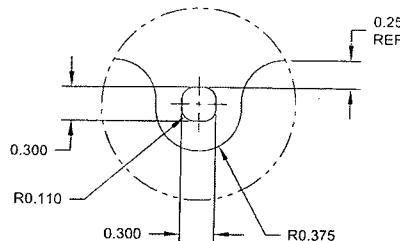
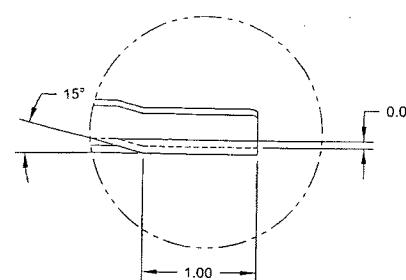
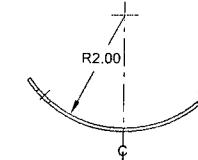
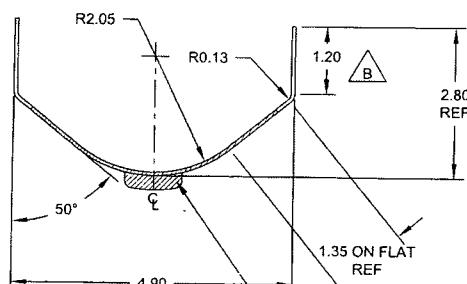
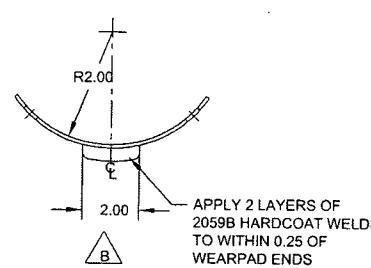
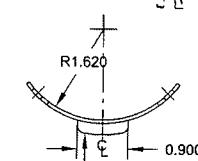
2011-10-31  
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DESIGN	1	DART AEROSPACE USA, INC	
DRAWN	XDF	KENT, WA	
CHECKED	10	DRAWING NO.	REV. B
MFG. APPR.	10	D4095	SHEET 7 OF 8
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8 1 7 1 6 1 5 1 4 1 3 1 2 1 1

D

**DETAIL A: TAB DETAIL**SCALE 4X  
C3-3  
C5-4  
D3-6  
D2-7**DETAIL B: JOGGLE DETAIL**SCALE 4X  
B2-3  
B6-3  
B3-4  
B2-6**SECTION E-E**  
SCALE 2X  
B5-6  
B2-7**SECTION C-C**SCALE 2X  
B5-3  
B4-4APPLY 2 LAYERS OF  
2059B HARDCOAT WELDS  
TO WITHIN 0.25 OF  
WEARPAD ENDS  
0.188 TO 0.250 THICK**SECTION D-D**SCALE 2X  
B4-4  
B5-4APPLY 2 LAYERS OF  
2059B HARDCOAT WELDS  
TO WITHIN 0.25 OF  
WEARPAD ENDS  
0.188 TO 0.250 THICK**SECTION F-F**  
SCALE 2X  
B5-7  
B7-7APPLY 2 LAYERS OF  
2059B HARDCOAT WELDS  
TO WITHIN 0.25 OF  
WEARPAD ENDS  
0.188 TO 0.250 THICK

DESIGN	<i>A</i>	DART AEROSPACE USA, INC
DRAWN	XDF	KENT, WA
CHECKED	<i>NO</i>	DRAWING NO. REV. B
MFG. APPR.	<i>NO</i>	D4095 SHEET 8 OF 8
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DE APPR.	<i>NO</i>	WEARPLATE NTS
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